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Bib Data Sheet

|   |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
|---|--|----------------------------|-------------------------------|---|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/696,090  | <b>FILING DATE</b><br>10/26/2000<br><b>RULE</b> -  | <b>CLASS</b><br>375        | <b>GROUP ART UNIT</b><br>2631 | <b>ATTORNEY DOCKET NO.</b><br>DP-301219 |                                   |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Kevin D. Kincaid, Kokomo, IN ;<br><b>** CONTINUING DATA</b> <i>BAP (NONE)</i><br><b>** FOREIGN APPLICATIONS</b> <i>BAP (NONE)</i>  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 12/19/2000</b> -  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>BAP</i> Initials | <b>STATE OR COUNTRY</b><br>IN  | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>5      | <b>INDEPENDENT CLAIMS</b><br>1          |                                   |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>JIMMY L. FUNKE<br>DELPHI TECHNOLOGIES, INC.<br>Legal Staff Mail Code A-107<br>P.O. Box 9005<br>Kokomo, IN 46904-9005  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <b>TITLE</b><br>Distributed architecture communication system having bus voltage compensation   |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> |                            |                               |   | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees   |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )   |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____  |  |                            |                               |   |                                   |   |  |  |                                      |                                 |
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